Children's Social, Emotional & Behavioral Health Plan

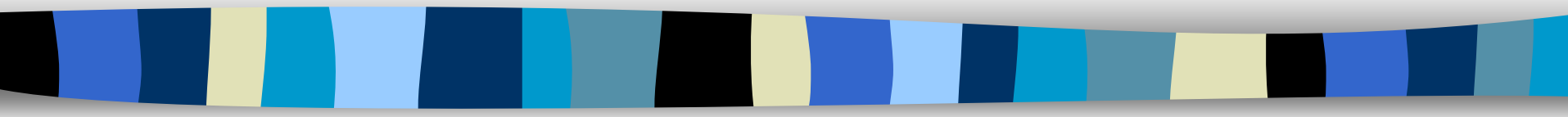
Public Forum
April 25, 2006

Kristen Schunk
Assistant Director, Division of Exceptional Learners

Overview

- Public Forum Format
- Existing Indiana State Framework
- Illinois Plan
- Children's Social, Emotional and Behavioral Health Plan

Public Forum Format



Public Forum Format

- Welcome to the second Public Forum on the Children's Social, Emotional and Behavioral Health Plan (the Plan).
- We are very interested in your comments and questions regarding the Plan.
- After a brief presentation we welcome comments. Those who are interested are invited to stand and make comments about the Plan during the session today.

Public Forum Format

- Written Questions and Comments
  - There are index cards available for your questions and comments.
  - Please submit your card to Jennifer Campbell, Cheryl Shearer, or myself (to an Interagency Task Force member) before leaving.

Public Forum Format

- Please send pre-written comments and questions by fax or e-mail.
  - Fax: (317)-232-0589
  - E-mail: campbell@doe.state.in.us
- Please submit written comments no later than ***Monday, May 15, 2006***.

Existing Indiana State Framework

Existing Indiana State Framework

- Systems of Care
- State Mental Health Transformation
- Crisis Intervention Plans
- Senate Enrolled Act 529 (Indiana Code 20-19-5)

Systems of Care

- In 2000, Indiana Division of Mental Health and Addiction (DMHA), part of the Family and Social Services Administration (FSSA), initiated implementation of the statewide Systems of Care (SOC) network to better meet the mental health needs of Indiana children.
- By the end of 2006, 51 of Indiana's 92 counties will have identified SOC programs. SOC programs are being added yearly to the remaining counties.
- Purpose is to build community systems of care among families, policy makers, and workers in child welfare, juvenile justice, education, mental health and community based organizations.
- About 75% of Indiana's youth live in areas served by a Systems of Care program.

State Mental Health Transformation

- The State of Indiana is committed to:
  - Transforming the public mental health system for people of all ages who are at risk, or experiencing serious mental illnesses and serious emotional disturbances; and
  - Reducing the cost of untreated mental disorders.

Crisis Intervention Plans

- IDOE's Office of Student Services personnel, in conjunction with school administrators and community crisis intervention personnel, developed the crisis intervention plans, as required by statute in the Student Services rule, Section 7.
- Crisis intervention plans focus on disaster recovery and action plans. We need to incorporate mental health services into these plans.

Senate Enrolled Act 529 Chapter 16 (IC 20-19-5)

- During the 2005 session, legislation passed that called for the State of Indiana (with IDOE as the lead agency) to develop a Children's Social, Emotional and Behavioral Health Plan.
- The plan must contain short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth (0) through age 22.

Senate Enrolled Act 529 Chapter 16 (IC 20-19-5)

- The Plan also calls for:
  - Adoption of joint rules under IC 4-22-2, concerning the children's social, emotional, and behavioral health plan.
  - Hearings on the implementation of the plan before adopting joint rules under this chapter.

Illinois Plan

- Illinois submitted the ICMHP (Illinois Children's Mental Health Partnership) Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois in June of 2005. A copy can be found at: http://www.ivpa.org/childrensmhtf/.
- The ICMHP advocated for $19.5M ($6M of that for schools) during the current legislative session.

Illinois Plan

- The Illinois Governor's budget includes a line item for implementation of the plan in the amount of $2M. It will be used for two main focus areas:
  1) Statewide Infrastructure improvements
  2) Demonstration Projects
- The ideas for use of the $2M are currently in draft form and nothing has been finalized.
- Several committees continue to meet.

Children's Social, Emotional and Behavioral Health Plan

Interagency Task Force

- An interagency team has been formed which includes members from:
  - A Parent Organization
  - Department of Education
  - Department of Child Services
  - Department of Correction
  - Division of Mental Health and Addiction, FSSA
  - Medicaid, FSSA
  - Department of Health
  - Governor's Office
- The Parent Organization, Medicaid/SCHIP, the Indiana Department of Health and the Governor's Office were not required by legislation but were added to the Interagency Task Force in order to provide a broader perspective.

Expectations of the Plan

- The Interagency Task Force envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment across all state systems.
- Specifically, there are five expectations for the plan:
  - Better agency coordination
  - Early identification and intervention
  - Identification of ways to use resources wisely
  - Improve the process to receive services
  - Educate stakeholders regarding mental illness

Identified Barriers

- In most states and communities, significant barriers to mental health care services exist, and include fragmentation of services, high service costs, provider and workforce shortages, lack of availability of services, and stigma associated with mental illness.
- The Task Force identified Indiana specific barriers. These include the lack of funding, coordination, support, and early intervention initiatives.

Topics Covered by the Plan

- The Plan covers assessment, accountability and outcome measurement, finance and budget, best practices, referral networks, school standards, workforce development, and training.
- The Plan will make recommendations on these topics and provide ideas for implementation.

Assessment

- Prevalence studies indicate that almost 21% of children, ages 9 to 17, meet the criteria for a mental health diagnosis.
  - 11% of that population has a *significant* functional impairment.
  - When *extreme* functional impairment is the criterion, the estimates are 5% of all children.
- These children experience significant impairments at home, at school, and with peers.
- For these children, early detection through screening can help.

Source: HHS, 1999; Shaffer et al., 1996.

Assessment

- Assessment versus screening:
  - Screening describes a relatively brief process designed to identify youth at risk of having disorders that warrant immediate attention, intervention, or more comprehensive review.
  - Assessment is a comprehensive, individualized examination that is lengthy and labor intensive.
  - This plan focuses on assessment.

Assessment

- Parental involvement and approval is **essential** in the assessment and treatment processes.

Assessment

- Much of the work on choosing an assessment tool was completed prior to SEA 529.
- The cross system Assessment Committee recognized that a standardized assessment process and instrument can serve multiple purposes.
- The Assessment Committee reviewed several tools and recommends using a comprehensive version of the Child and Adolescent Needs and Strengths (CANS) to assess the strengths and needs of children and their families across systems.

Assessment

- **Goal:** Establish standards for mental health assessments for children in all state systems.
  - **Strategy 1:** Differentiate between assessment and screening.
  - **Strategy 2:** Build upon the work of the Assessment Committee.
  - **Strategy 3:** Define current State Agency process for assessment.
    - **Ensure parental consent for all assessments.**
  - **Strategy 4:** Recommend use of the CANS as the assessment tool.

Accountability & Outcome Measurement

- **Goal:** Responsible systems are accountable to provide a network of collaboration that assures that children and families receive needed social, emotional and behavioral health services.
  - **Strategy 1:** Establish procedure for Needs Assessment.
  - **Strategy 2:** Utilize indicators, outcomes and benchmarks to measure progress.
  - **Strategy 3:** Implement quality data tracking and reporting systems.
  - **Strategy 4:** Functionalize consistent nomenclature (set of terms for a particular discipline) across systems.

Finance and Budget

- **Goal 1:** SYSTEMS:

  Maximize current investments and leverage available funds to ensure children receive the services they need.

- **Goal 2:** EQUITY:

  Children should receive services based on individual needs and strengths regardless of availability of funding.

Finance and Budget – Goal 1

- Maximize current investments and leverage available funds to ensure children receive the services they need by:
  - **Strategy 1:** Ensuring families and parents have access to information regarding eligibility and available services;
  - **Strategy 2:** Creating a central reimbursement entity to ensure collaborative funding involving DMHA, DCS, DOE, DOC (and other relevant agencies);
  - **Strategy 3:** Examining a tiered approach to services based on levels of intensity;
  - **Strategy 4:** Maximizing access federal funds;
  - **Strategy 5:** Maximizing education funding;
  - **Strategy 6:** Exploring use of Medicaid to ensure that children receive appropriate mental health services; and
  - **Strategy 7:** Identifying necessary legislative changes.

Finance and Budget – Goal 2

- All children should receive services based on individual needs and strengths regardless of availability of funding by:
  - **Strategy 1:** Examining eligibility and determining if state imposed eligibility can be changed and/or broadened;
  - **Strategy 2:** Focusing on non-Medicaid eligible kids who do not have private insurance and explore mechanisms and strategies for increasing private insurance coverage of children's mental health services;
  - **Strategy 3:** Focusing on early intervention (ages 0-5); and
  - **Strategy 4:** Identifying necessary legislative changes.

Best Practices

- **Goal:** Create, implement and sustain an accountable system of care best practices model that uses real-time process and outcome data to continuously improve the quality of services and that makes effective models of care available to all young people with mental health issues and/or substance abuse problems and their families.
  - **Strategy 1:** Advance evidence-based practices through dissemination of a combined knowledge base and demonstration projects. Create a public-private partnership to guide their implementation.
  - **Strategy 2:** Make an informed decision regarding best practices for Indiana.
  - **Strategy 3:** Implement best practices model for Indiana.
  - **Strategy 4:** Maintain best practices model.

Obtaining Services and Referral Networks

- **Goal 1:** PROCESS: Develop procedures to assist a child and the child's family in obtaining necessary services to treat social, emotional, and mental health issues including procedures to coordinate provider services and interagency referral networks for an individual from birth (0) through twenty-two (22) years of age.
- **Goal 2:** PUBLIC AWARENESS: Identify a comprehensive, culturally inclusive, and multi-faceted public awareness campaign to reduce the stigma of mental illness, educate families, the general public and other key audiences about the importance of social, emotional and behavioral health development.

School Learning Standards

- **Goal 1:** STUDENT SERVICES: Revise Article IV to better reflect policies that will ensure the social and emotional development needs of children are met by Student Services activities.
  - There are currently no legislated quotas for student service providers (only recommendations).
  - This means that some school districts are inadequately staffed to meet the needs, and student services staff are vulnerable to being downsized during budget crises.

School Learning Standards

- **Goal 2:** SCHOOLS: Incorporate the social and emotional development of children as an integral component to the mission of schools, critical to the development of the whole child, and necessary to academic readiness and school success.
- **Goal 3:** CURRICULUM: Ensure development and implementation of a plan to incorporate social emotional learning standards as part of the Indiana Academic Standards.

Workforce Development and Training

- **Goal 1:** RECRUITMENT (BUILD NEW CAPACITY): Build a culturally-competent, qualified and ad-equately trained workforce with a sufficient number of professionals to serve children and their families, as well as develop natural supports and tap into the core competencies of families and caregivers.

Workforce Development and Training

- **Goal 2:** RETENTION: MAINTAIN AND INCREASE EXISTING CAPACITY: Increase the capacity of existing programs and providers who work with children (e.g., early childhood, health care, education, families, mental health, education, child welfare, juvenile justice) to promote and support the social and emotional development and mental health needs of children and their families.

Workforce Development and Training

- **Goal 3:** TRAINING: Train frontline providers in a core team environment on the development and implementation of a tiered intervention approach in order to provide a continuum of care.

Next Steps

- The plan is due June 1, 2006.
- For a draft of the final plan visit our Web site at:
  www.doe.state.in.us/exceptional/TaskForce.html

Questions or Comments?

Contact: Kristen Schunk at
kschunk@doe.state.in.us